

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 155 / 458

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Friends of Tammy Duckworth

A. Full Name (Last, First, Middle Initial) Don Solem Mailing Address 115 Marion Ave. City Mill Valley State CA Zip Code 94941 FEC ID number of contributing federal political committee. C Name of Employer Solem & Associates Occupation President Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 3 / 2 0 0 6 Transaction ID: C231112 Amount of Each Receipt this Period 500.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
B. Full Name (Last, First, Middle Initial) Jon Spar Mailing Address 1408 Lobo Ct NE City Albuquerque State NM Zip Code 87106-2609 FEC ID number of contributing federal political committee. C Name of Employer Lovelace Hospital Occupation Physician Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 6 Transaction ID: C233376 Amount of Each Receipt this Period 100.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
C. Full Name (Last, First, Middle Initial) Robert M Sramek Mailing Address 28 W 665 Hickory Lane City West Chicago State IL Zip Code 60185 FEC ID number of contributing federal political committee. C Name of Employer Remax Occupation Sales Associate Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 300.00		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 2 / 2 0 0 6 Transaction ID: C239655 Amount of Each Receipt this Period 200.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)